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## DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

Declaration OR  Declaration  
Submitted  
with Initial Filing  Declaration  
Submitted after  
Initial Filing

Attorney Docket Number	PLI-806
First Named Inventor	Richard Schweder
COMPLETE IF KNOWN	
Application Number	
Filing Date	
Group Art Unit	
Examiner Name	

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole Inventor (if only one name is listed below) or an original, first and joint Inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

POWER SUPPLY ASSEMBLY

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(If applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, §1.50.

I hereby claim foreign priority benefits under Title 35, United States Code §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365 (a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

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## DECLARATION

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I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT International application numbers are listed on a supplemental priority sheet attached hereto.

As a named Inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Name	Registration Number	Name	Registration Number

Additional registered practitioner(s) named on a supplemental sheet attached hereto.

Direct all correspondence to:

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1011 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name	Richard		Middle Initial	Family Name	Schweder		Suffix e.g. Jr.	
Inventor's Signature						Date	1/26/01	
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Post Office Address	260 Shalebrook Drive							
City	Powell	State	Ohio	Zip	43065	Country	U.S.A.	
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto								

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## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned Inventor				
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Inventor's Signature	<i>Dan Zimmermann</i>					Date	2/5/2001	
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Post Office Address	1000 Business Center Circle, Suite 107 Thousand Oaks Business Center							
City	Newbury Park	State	CA	Zip	91320	Country	USA	Applicant Authority
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned Inventor				
Given Name		Middle Initial		Family Name				Suffix e.g. Jr.
Inventor's Signature						Date		
Residence: City		State		Country		Citizenship		
Post Office Address								
Post Office Address								
City		State		Zip		Country		Applicant Authority
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned Inventor				
Given Name		Middle Initial		Family Name				Suffix e.g. Jr.
Inventor's Signature						Date		
Residence: City		State		Country		Citizenship		
Post Office Address								
Post Office Address								
City		State		Zip		Country		Applicant Authority
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto								